



Hey there Jesus Lovers!!!!!!!

GUESS WHAT NOVEMBER 21-22 IS?!?! No sorry, it's not the Lady Gaga concert, BUT H.I.S. Love 114 is finally here!!!! Yay!!! And bonus! If you keep your ears open, you may even hear a few of Gaga's classics!!

My name is Amy Lillibridge. I am the rector for this great event known as H.I.S. Love (Happeners in Service in Love) and I am inviting YOU, yes YOU to the one hundred and fourteenth Happening reunion!! Reunion will be held at First Presbyterian church in Kerrville. Be there at 1:00pm November 21 or be...late...which is frowned upon.

Our job as reunioners is to pray for the Happening staff and the happeners. We will be praying for them nonstop throughout the weekend so bring your prayer shoes! AND, speaking of shoes, you might as well bring your dancing shoes too cause we're gonna be dancing and singing and jumping all over the place!! (In a very organized fashion of course.) AND while you're at it, also bring;

- **Your registration. (ONLY if you did not register beforehand)**
- **BOTH sides of your insurance card**
- **Your medical release (your parent MUST sign it if you are under 18)**
- **A change of Clothes (cause we can't have you leaving in the same clothes you came in)**
- **Toiletries (hairbrush, makeup, TOOTHBRUSH, etc.)**
- **Sleeping bag/air mattress/something to sleep on**

➤ **COMPLETED** generitas (75 please EVERY happener needs one)

➤ **Costumes (not mandatory)**

➤ **Sense of adventure**

So get ready for the single most exciting weekend of your entire lives because we've got someone soooo much cooler than Lady Gaga coming to reunion...YOU!!! YAY!!!!

H.I.S. Love is a great tradition that we hope to keep up for a long time, and it won't be possible if no one shows up. SO. Hop in the car and drive on down (or up depending on where you are) to Kerrville (cause that's where all the fun people will be) and come have a great time with all your favorite people making caritas and warm fuzzies and my personal favorite, **THE CARITAS VIDEO!!** Because we all know how much we loved the caritas video from our happenings, and we want to make one for other happeners!!

Get your registration forms in now so you'll be guaranteed a spot! There's not a limit or anything, but the sooner the better! Also, be sure to order a shirt because if you don't we cannot promise there will be enough left when we are handing them out.

So sign up and I'll see YOU in November!!!

See Ya there! And you better be ready to party! 😊

Amy Lillibridge (Rector)



# "H.I.S. Love"



(Happeners in Service and Love)

For Happening #114 on November 21-22, 2009

*Please note change:* First Presbyterian Church, Kerrville, TX  
Rector, Amy Lillibridge



**IF:** You enjoyed your Happening;  
You would like to help make Happening #114 special for those attending;  
You would like to serve the Lord and continue growing in your Walk

**THEN:** Make plans to be in Kerrville, TX for H.I.S. Love #114

**YOU CAN NOW REGISTER ONLINE!!! Follow these steps to register:**

Go to Episcopal Diocese of West Texas at <http://dwtx.org/>.

Choose calendar found in the pull down selections under the Events and Calendar tab near the top.

Choose Monthly Calendar.

Go to November 2009.

Look for November 21 and choose HIS Love (not HIS Love Staff Overnighter)

At the top of the event listing is the option to "Click here to Register."

After completing the registration, you can either pay on line by check; credit card or you can choose to pay later. You will have to print out the medical release, have your parents sign it and attach a copy of your insurance card (both sides). You can either mail, fax (210) 824-2164 or scan and send the signed release.

If this does not work for you, a registration form is attached. Read it, fill it out, sign it, write the check, attach a copy of your insurance card (both sides), fold the form, stuff it all in an envelope and mail it today!!! **WE MUST HAVE THIS FORM SIGNED BY YOUR PARENT/GUARDIAN FOR YOU TO ATTEND H.I.S. LOVE.**

**DON'T DELAY:** Get your registration in by **November 18, 2009!** Cost is just \$25.00 - including a shirt. Registrations received by that date are guaranteed a shirt in any size. Ask for the right size, we may not have enough to change it.

**WE MUST HAVE THE MEDICAL RELEASE FORM SIGNED BY YOUR PARENT/GUARDIAN FOR YOU TO ATTEND H.I.S. LOVE.**

**PREPARE:** Prepare your Caritas (at least 75) ahead of time. You will want to spend your time at HIS Love writing personal caritas!

**GET THERE:** The address for First Presbyterian Church is 800 Jefferson; Kerrville, TX 78028.

"Sign in" at H.I.S. Love begins at 1:00 p.m. Please eat lunch before arriving.

### **STUFF TO BRING**

- A Servant's Heart, ready to serve the Happening Community.
- Sleeping bag and mat (we'll be sleeping on a hard floor)
- Toiletries, change of clothes
- **Your completed signed Caritas (at least 75)**
- Supplies for writing personal caritas
- Musical instruments
- **Any munchies you may want (once the event starts we won't be doing any store runs)**
  - Please, no energy drinks...
- A friend who has gone to Happening

### **THE PURPOSE IS TO SERVE, BE FED, and HAVE FUN**

Our purpose at the H.I.S. Love for Happening is to:

REFLECT on your personal walk with Jesus Christ;

ANSWER our call to serve;

PRAY for each of the Happeners and staff by name (List will be available. More information to follow)

You may email caritas to: [dwtXHappening@yahoo.com](mailto:dwtXHappening@yahoo.com)

BE FED by God through worship, prayer and fellowship;

HAVE FUN with a wild, wacky, safe, loving, awesome group of people.

### **DIRECTIONS TO H.I.S. LOVE**

## **First Presbyterian Church**

800 Jefferson; Kerrville, TX 78028

If you get lost or need help, call: Muzzy 956-245-6700 or Mike Davies 956-227-4896

WE WILL CARAVAN (walk) OVER TO THE CLOSING AT ST. PETER'S IN KERRVILLE ON SUNDAY, NOVEMBER 22, 2009 AROUND 2:00 P.M. IF SOMEONE WILL BE PICKING YOU UP, THEY NEED TO PICK YOU UP AT ST. PETER'S EPISCOPAL CHURCH (945 MAIN ST.; KERRVILLE, TX 78028). THE CLOSING SERVICE SHOULD BE OVER AROUND 4:30 - 5:00 P.M.

**Arrive alive.....please drive safely!!!!**

This means you!!!!



# H.I.S. LOVE REGISTRATION FORM (Happeners in Service and Love)



#114

## 1. APPLICANT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Graduation Date: \_\_\_\_\_  
 High School: \_\_\_\_\_ T-shirt Size: s m l xl xxl  
 Home Church: \_\_\_\_\_ City \_\_\_\_\_

## 2. COVENANT OF CONDUCT AND RESPONSIBILITIES

The following applies to ALL participants at this weekend, including sponsors:

1. I agree to not use or have possession of any drugs or alcohol.
2. I agree to not be involved in any immoral sexual activity.
3. I agree that, as with Happening, this is a Non-Smoking Event.
4. I agree to treat persons and property with respect.
5. If I have my vehicle at this event, I agree to only drive it for needed transportation when asked by a sponsor and accompanied by a sponsor.
6. I understand the H.I.S. LOVE is a LOCK-IN.
7. I agree to observe the Diocesan mandatory sleep period for youth events from 2:00 am until 8:00 am.

My signature below indicates that I have read the above list of responsibilities, and I understand that failure to comply with them will result in expulsion from this event.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## 3. MEDICAL RELEASE AND PERMISSION FORM

HEALTH CARRIER/POLICY #/GROUP # \_\_\_\_\_  
 (IMPORTANT: COPY BOTH SIDES OF INSURANCE CARD and attach)

HEALTH CARRIER ADDRESS/PHONE # \_\_\_\_\_

ALLERGIES/REACTION/TREATMENT \_\_\_\_\_

MEDICAL CONDITIONS/MEDICINES CURRENTLY TAKING \_\_\_\_\_

(NOTE: Prescribed Medicines must be in original pharmacy container with correct name, date, instructions, and physician's name on label)

EMERGENCY CONTACT AND PHONE # \_\_\_\_\_

ANY OVER THE COUNTER MEDICATIONS THAT THE PARTICIPANT **MAY NOT** RECEIVE FROM ADULT SPONSOR (i.e. Tylenol, Advil, Kaopectate, etc.)  NO **If YES, Please List** \_\_\_\_\_

## PARENTS: IN CASE OF EMERGENCY, PLEASE CONTACT:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

**COST IS \$25. Return form and check payable to the Diocese before \_\_\_\_\_ or your t-shirt is not guaranteed.**

Happening/HIS love  
 Diocese of West Texas  
 PO Box 6885  
 San Antonio, TX 78209

Check _____
Amount \$ _____
Rec'd _____

**MEDICAL RELEASE ON BACK OF FORM**

H.I.S. LOVE  
(Happeners in Service and Love)

HIS LOVE REGISTRATION FORM PAGE TWO

I/my child, \_\_\_\_\_, has my permission to attend and to participate in Happening sponsored by the Episcopal Diocese of West Texas. I represent that my child/self is healthy and capable of participation in said event without causing risk of danger, illness or accident to him/her/myself, or to others. I agree to hold harmless the leaders of my church, leaders of other churches involved, the event coordinators, the Bishop of West Texas and the Diocese of West Texas in the event of any accident or injury. In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately, or because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent. Please list all allergies, medical problems, medications currently being taken by participant, or any other pertinent information below. Please notify the Event Coordinator or Nurse if this participant has been exposed to any communicable disease 3 weeks prior to this event. In addition to the medical considerations mentioned above I hereby grant permission for the Happening Steering Committee to use the candid photos of my child or myself taken as part of the Happening experience in promotion of future Happenings and on the Happening Texas Internet site. I declare that my child/self is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child/self whether covered under insurance or not. **(NOTE: The Sponsors of this event DO NOT provide insurance in case of injury or illness.)**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



Happening/HIS love  
Diocese of West Texas  
PO Box 6885  
San Antonio, TX 78209

